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MODIFIED PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 11738.00161

First Inventor Keith R. Hildebrand

Title A METHOD FOR TREATING SEVERE TINNITUS

Express Mail Label No. EL 941343852 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 23]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 04]
 - a. ☒ Formal; or
 - b. ☐ Informal
5. Oath or Declaration [Total Pages 03]
 - a. ☒ Newly executed (original or copy); or
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Certificate of Express Mail

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)

of prior application No: 10 / 259,101

Prior application information: Examiner Sharon E. Kennedy

Group / Art Unit: 3792

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS


☐ Customer Number or Bar Code Label

22908

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	William J. Allen				
	Banner & Witcoff				
Address	10 South Wacker Drive				
	Suite 3000				
City	Chicago	State	IL	Zip Code	60606
Country	United States	Telephone	(312)463-5000	Fax	(312)463-5001

Name (Print/Type)	William J. Allen	Registration No. (Attorney/Agent)	51,393
Signature		Date	July 1, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

21906 U.S. PAT. 10/611459 07/01/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Continuation in Part of 10/259,101</td> </tr> <tr> <td>Filing Date</td> <td>July 1, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Keith R. Hildebrand</td> </tr> <tr> <td>Examiner Name</td> <td>Not Assigned</td> </tr> <tr> <td>Art Unit</td> <td>Not Assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>11738.00161</td> </tr> </table>		Application Number	Continuation in Part of 10/259,101	Filing Date	July 1, 2003	First Named Inventor	Keith R. Hildebrand	Examiner Name	Not Assigned	Art Unit	Not Assigned	Attorney Docket No.	11738.00161
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TOTAL AMOUNT OF PAYMENT (\$) 1450															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td style="border: 1px solid black; padding: 2px;">19-0733</td> </tr> <tr> <td>Deposit Account Name</td> <td style="border: 1px solid black; padding: 2px;">Banner & Witcoff, Ltd.</td> </tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>					Deposit Account Number	19-0733	Deposit Account Name	Banner & Witcoff, Ltd.	<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																												
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<p>2. EXTRA CLAIM FEES</p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">52</td> <td>-20 ** =</td> <td style="border: 1px solid black; text-align: center;">32</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">576</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>-3 ** =</td> <td style="border: 1px solid black; text-align: center;">1</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">84</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">84</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td style="border: 1px solid black; text-align: center;"></td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$ 660)</td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p>					Total Claims	52	-20 ** =	32	X	18	=	576	Independent Claims	4	-3 ** =	1	X	84	=	84	Multiple Dependent				X		=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 660)																																																																																																																																																																											
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<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	William J. Allen	Registration No. Attorney/Agent)	51,393	Telephone	(312)463-5000
Signature				Date	July 1, 2003

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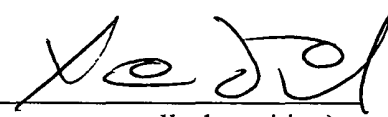
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By: 
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In the Application of: Keith Robert Hildebrand

Continuation in Part of Serial No.: 10/259,101

Filing Date: July 1, 2003

Title: A METHOD FOR TREATING SEVERE TINNITUS

- X Utility Patent Application Transmittal Form PTO/SB/05
- X Fee Transmittal Form PTO/SB/17 (in duplicate)
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- X Specification (23 Pages)
- X 4 Sheets of Formal Drawings (Fig. 1-Fig.5)
- X Executed Declaration and Power of Attorney
- X Recordation Form Cover Sheet Form PTO-1595
- X Executed Assignment (2 pages)
- X Return Receipt Postcard

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